Revision: HCFA-PM- 91-10 DECEMBER 1991	(MB)
State/Territory	Nevada

4.14 Utilization/Quality Control

Citation
42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

* x Directly

**

____X

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of \$434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
- Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
- By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (section 9431)

* Except inpatient hospital

** Inpatient hospital

TN No. 92-10
Supersedes
TN No. 88-11

APR 1 1992
Effective Date 3/1/92

Revision:	HCFA-PM-85-3	(BERC)
MAI 1983	State:	NEVADA
		OMB NO. 0938-0193
<u>Citation</u> 42 CFR 456 50 FR 153		(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.
		Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designate under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
	· · · · · · · · · · · · · · · · · · ·	// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart C for:
		// All hospitals (other than mental hospitals).

/// Those specified in the waiver.

/ No waivers have been granted.

Revision:	HCFA-PM-85-7	(BERC)		OMB	No.:	0938-0193
JULY 1985	State/Territory:		NEVADA			
<u>Citation</u> 42 CFR 456 50 FR 153	• •	of 42 of ut	Medicaid agency meets the CFR Part 456, Subpart stilization of inpatient stals.	D, f	or con	trol
			Utilization and medical serformed by a Utilization Control Peer Review Organ ander 42 CFR Part 462 thought the agency to perform	on an nizad at ha	nd Qua tion d as a c	lity lesignated ontract
		a t	Stilization review is per accordance with 42 CFR Pa that specifies the condi- of the requirements of Su	art 4	56, S of a	ubpart H, waiver
				•		
				ne wa	iver.	
		<u>/</u>	o waivers have been gran	nted.	,	

// Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. <u>85-30</u> Supersedes TN No. <u>75-41</u>

Approval Date NOV 7 1985

Effective Date 9/1/85

HCFA ID: 0048P/0002P

,		HCFA-PM-85-3	(BERC)
•	.mY 1985 State:		NEVADA
			OMB NO. 0938-0193
	Citation 42 CFR 456 50 FR 1531		(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart B, for the control of utilization of skilled nursing facility services.
			// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart E for:
		•	// All skilled nursing facilities.
			// Those specified in the waiver.

/ No waivers have been granted.

TN No. 85-23 Supersedes
TN No. 75-41 Approval Date OCT 1 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P



Revision:

HCFA-PM-85-3

(BERC)

State:

NEVADA

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312

- 4.14 / 3 (e) The Medicaid agency meets the requirements of 42 CFR Fart 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
 - // Facility-based review.
 - // Direct review by personnel of the medical assistance unit of the State agency.
 - // Personnel under contract to the medical assistance unit of the State agency.
 - // Utilization and Quality Control Peer Review Organizations.
 - // Another method as described in ATTACHMENT 4.14-A.
 - /X/ Two or more of the above methods.

 ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - // Not applicable. Intermediate care facility services are not provided under this plan.



Revision: HCFA-PM- 91-10 (MB) DECEMBER 1991

State/Territory: NEVADA

Citation

the Act,

1902(a)(30)

and 1902(d) of

P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)

4.14 <u>Utilization/Quality Control</u> (Continued)

The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

A private accreditation body.

An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

